

# This month in **wjm**

## American films show intentional violence

The American action movie is a notoriously violent genre, but violence has now crept into other types of movies, even cartoons and comedies. Public health professionals are concerned about its possible social effects. McArthur and colleagues analyzed depictions of violence in the top 100 grossing American films of 1994 and found a median number of 16 (p 164). The physical consequences of violence are rarely shown in films. But in a commentary on p 169, Guyer asks, "Does the absence of blood and gore really make the violence less convincing?"

## Doctors and patients report satisfaction with telemedicine

New technologies bring new hopes of panaceas, so the hype that surrounds telemedicine is easy to understand. Primary care physicians stand to gain from this medical innovation, because it may improve their communication with distant specialists. Nesbitt and colleagues reviewed 1,000 consecutive telemedicine consultations in the UC Davis Telemedicine Program (p 169) and found that physicians and patients reported high levels of satisfaction. But doctor-patient consultations are complex, says Whitten on p 174, and they cannot be understood merely by using satisfaction questionnaires.

## US women have limited reproductive health rights

US law theoretically supports a woman's right to make reproductive choices. But a woman who chooses to ter-

minate a pregnancy has many barriers in her way, says McCarthy in an Op-Ed on p 151. In most counties, there is no doctor to perform an abortion, whereas only 14% of US hospitals permit abortions to be performed at the facility. McCarthy outlines ways in which primary care physicians can help to reverse this marginalization of reproductive health care.

## A new code of medical ethics is needed

The health care environment is constantly changing, bringing new ethical dilemmas. Traditional medical ethics, based on a 19th century American Medical Association code, fail to address the modern duties of the physician—such as providing universal access to health care and preventive services. Charles and colleagues outline a new ethical framework and show how it can be applied to ethically complex cases (p 198).

## The treatment of acute, severe migraine

Migraine headache is a disabling condition associated with other unpleasant symptoms, such as nausea, vomiting, and photophobia. Most episodes can be managed in the community, but a few patients require treatment in the emergency department. On p 189, Kelly reviews the evidence on the efficacy and safety of emergency migraine therapies. She concludes that three agents are particularly effective.

# Editor's **pick**

We cannot turn the page of a magazine, drive along the highway, or listen to the radio or TV without being bombarded by the commercial media. Not only are there people constantly trying to sell us products, but also there are groups promoting their test, their disease, or their way of thinking. Robinson and Hoffman take different sides of such a medical debate (p 148). On the one side are the devotees of a quick intervention that relies on high-tech clot busters to open access to ischemic areas of the brain. On the other are the skeptical scholars who want convincing proof not only of local effect but also of measurable meaningful outcomes. Although both authors have no competing interests to declare, the debate outside of these pages is not evenly balanced. One side has millions of drug industry dollars to promote its view. The other has no funding and just the conviction and dedication of a few critics.

Gillon writes on p 206 about the "white coat ceremony"—a rite of passage intended to remind beginning

medical students of the profession's dedication to people rather than to diseases. This ceremony, now a ritual at many American medical schools, is also a promotion—this time of a foundation based in New York City. It seems honest and noble enough, but it is clearly intended to influence thinking and promote one point of view.

Perhaps the public's greatest insight into the medical profession comes from their weekly viewing of the TV drama *ER*. Even in our medical school classes, *ER* episodes prompt a full day of discussion and debate. While clearly produced as "entertainment," its executive producer Neal Baer argues that it is also a socially responsible vehicle for promoting public health ideas (p 157). *ER* may have done more to influence the American public's attitudes on such topics as domestic violence, rape, child abuse, and mental health than have scores of well-meaning public health pamphlets, public service spots, and campaign speeches. Despite all this good, *ER* must be financially successful and please its sponsors. So is there a conflict of interest?